

Improving Older Adults Access to Dental Care in Rural Areas
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Chairperson Hardy, Distinguished Members of the White House Conference on Aging Policy Committee, and guests:

Good afternoon. My name is Bei Wu, and I am an assistant professor of gerontology at West Virginia University's Center on Aging and Department of Community Medicine. I am honored to be here today to discuss some of the solutions for improving dental care for older adults residing in rural areas.

Oral Health Status in Rural Areas

Little is known about the oral health care of older adults residing in rural communities. The limited research projects that have been conducted suggest that older adults in rural areas have poorer oral health than those in urban areas. Based on the data from the Third National Health and Nutrition Examination Survey, a higher proportion of rural residents than urban residents were edentulous and had untreated caries. Among the dentate population, a higher percentage of older adults in rural areas reported poorer oral health status than their urban counterparts.

Oral health increasingly is found to be related to systemic health, and good oral health is related to well-being in general. Some common diseases are known to be associated with poor oral health status. Periodontal and other infections have been suggested as potential risk factors for cerebrovascular accidents or stroke. Hypertension and diabetes are strongly related to oral health.

Limited access to dental care has significant impact on elders' poor oral health status. Studies suggest elders from rural areas were less likely to report having had a dental visit in the past years than those from urban areas (47% vs. 58%, respectively).

Barriers to Access to Dental Care

There are many barriers to care such as geographic isolation, limited available transportation and longer travel distance, morbidity and mortality and lower level of education, coupled with acute provider shortage. Other factors such as unfavorable attitude to dental care, including fear and resistance from early painful experiences before anesthesia and modern procedures and equipment, have been implicated in the failure to seek dental care.

Financial concern is one of the factors that affect individuals' dental care utilization. Many older adults lose their dental insurance when they retire. The situation is worse for rural elders who generally have lower incomes and may never have had dental insurance coverage. Medicare does not pay for routine dental care. Medicaid programs only cover limited dental care expenses for the low-income and disabled elders in some states. According to the 1997-1998 National Health Interview Survey, 72% of elders living in rural areas did not have any dental insurance, 6% higher than urban elders.

However, cost of care may not be a major deterrent as previously thought. Evidence suggests that awareness of and perceived needs to care could also be a significant factor. Literature has suggested that dental care is perceived as more elective and less serious than medical care. A large percent of older adults do not seek preventive care, and only have sought care after pain or other symptoms occur.

Recommendations

Extending dental insurance coverage for Medicare/Medicaid recipients would be an important approach to improve access to dental care. Extending the coverage may also help attract more dentists to practice in rural areas.

Educational efforts should be greatly promoted to improve dental care for older adults. These educational programs should be targeted to health care providers, older adults and their caregivers, as well as the general public. Following are several specific recommendations related to educational effort:

Rural health care providers need to be trained and educated to assess oral health risks, provide consultations, and integrate preventive oral health services into the regular care.

Dental care providers need to educate older adults, family members and the general public on oral health by conducting workshops, showing training videos, and providing brochures and fliers in the communities. One approach is to work with local community organizations, such as churches, senior centers, and home care organizations to outreach elders and family caregivers in rural communities.

Oral health education needs to address the role of oral health in maintaining systemic health and to identify the needs for care among the elders and their families. Improving dental literacy and self-care skills are also important aspects of the oral health education

program. For example, many elders have never been taught how to adequately clean their dentition.

It is also crucial to address the importance of developing strategies to prevent oral health diseases. The message to older adults, family members, and the general public need to be clear and loud: maintaining good oral hygiene, establishing regular dental care providers, and having annual dental visits.

Thank you!